Warfarin, Winter, and Central Serous Chorioretinopathy

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Abstract. Central serous chorioretinopathy (CSC) is a retinal disease characterised by diminution of vision and neurosensory macular detachment. A rare case of a 50-year-old man with a history of deep vein thrombosis is presented here, who developed CSC after warfarin intake plus his two episodes of CSC developed in subsequent winter seasons.

CASE

This winter, a 50-year-old man presented to us with a complaint of right-eye blurring for one week. He stated that he was started on warfarin therapy for deep vein thrombosis a few days ago, and the medicine might be the reason for his decreased vision. He also said that he had a similar episode of decreased vision in his right eye the previous winter, which settled back to normal after two months. He had no previous records with him. He was a non-smoker, non-alcoholic and vegetarian. On examination, his general physical and systemic examination was within normal limits. His vision in the right eye was 6/9 which improved to 6/6 with +0.50 D sphere while visual acuity in the left eye was 6/6. Both eyes had normal pupillary reactions, ocular movements, slit lamp examination, intraocular pressure, gonioscopy, and colour vision. Fundus examination of the right eye revealed a characteristic “ring reflex” (corresponding to the serous neurosensory detachment) at the macula and Optical coherence tomography (OCT) revealed neurosensory detachment with subretinal fluid (Figure 1). We did not have the ability to do fundus fluorescein angiography (FFA).

Taking into account the above signs, symptoms and investigations, a diagnosis of CSC was made. His routine blood profile was normal. The patient was started on tablet Eplirenone 25 mg once a day (OD), tablet Acetazolamide 250 mg OD and nepafenac eye drops 0.3% OD. He was advised to review after 3 weeks plus bring with him, all his old medical records. The patient presented to us after one month and his old records revealed that he had CSC in the right eye last winter. On examination of his right eye, his vision had improved to 6/6. His OCT also was near normal though he complained of distorted vision.

The association of warfarin with CSC has never been reported before. This association may be a coincidence or otherwise. Similarly, CSC occurring in winter season may be a coincidence or otherwise. Hence, further studies are warranted.

DISCUSSION

CSC most commonly affects the young and the middle aged, with Asian people and males being predominantly affected [1]. Risk factors for development of this disease is a Type A personality, steroid use, Cushing’s syndrome, collagen vascular diseases, pregnancy, alcohol, hypertension and Helicobacter pylori infection to name few [2]. A history of abrupt visual loss, metamorphopsia, scotoma, or reduced colour vision are all common signs and
symptoms [3]. OCT of such patients show a characteristic neurosensory detachment with subretinal serous fluid accumulation [4]. According to a study, in the spring, the prevalence of CSC development was at its peak [5].

CSC is mostly a self-limiting disease and in most cases, it resolves spontaneously within 2–3 months. Laser photocoagulation, verteporfin photodynamic therapy, and intravitreal bevacizumab are all treatment options when indicated [6]. Drugs like eplerenone, acetazolamide, aspirin, melatonin, propranolol, rifampicin, mifepristone-and finastride have also been used with success [7].

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**Conflicts of Interest**

There are no competing interests declared by the authors.

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**REFERENCES**


